

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90148 023 ***150.00

DOCUMENT # P98000034932

1. Entity Name

GUIDING STAR, INC.

Principal Place of Business

Mailing Address

8025 N.W. 36TH ST. #322
MIAMI FL 33166

8025 N.W. 36TH ST. #322
MIAMI FL 33166-6625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALSECIA, HORACIO
3214 WEST TRADE AVE.
MIAMI FL 33133

Name Maria M. Maza

Street Address (P.O. Box Number is Not Acceptable)

8025 N.W. 36 Street

Suite 322

City

Miami

FL

Zip Code

33166-662

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Maria M. Maza

Maria M. Maza

2-3-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HORACIO, VALSECIA	
STREET ADDRESS	3214 W. TRADE AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Zulma C. Valsecia	
STREET ADDRESS	Galeria Junin, Locales 30731	
CITY-ST-ZIP	3400 Corrientes, Argentina	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Jose Rolando Valsecia	
STREET ADDRESS	Junin #915, 3400 Corrientes,	
CITY-ST-ZIP	3400 Corrientes, Argentina	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zulma Valsecia Zulma Valsecia

02-03-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #